

GENERAL FACT SHEET

06R-207

BILL NUMBER

BRIEF TITLE  
EMS Resolution

APPROVAL DEADLINE  
Suggest 10/30/06

REASON  
To proceed with needed rate increases, expedite RFP process for billing services and begin studies of the system

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Lincoln Fire &amp; Rescue has not increased its current ambulance rates since September 1, 2004. This resolution also would direct implementation of EMS Review Committee recommendations.</p> <p>Yearly rate adjustments are made to keep up with inflationary factors. In addition, this rate increase, in part, is due to the negative financial impact Medicare's Ambulance Fee Schedule has had on reimbursements from the City of Lincoln. The EMS Review Committee formed by Councilman Jon Camp has recommended that LFR make adjustments to the ambulance rates. The recommendation is based on a rate increase effective immediately, and another increase on June 1, 2007.</p>	Sponsor	Lincoln Fire & Rescue
	Program Departments, or Groups Affected	
	Applicants/Proponents	Lincoln Fire & Rescue EMS Review Committee
<p>To maintain a user fee ambulance service to the citizens of the 911 service area, Lincoln Fire &amp; Rescue is requesting rates be adjusted based on the cost associated with providing this medically driven service. This increase is needed to cover increased operational expenses as well as the reduction in reimbursement from Medicare due to the Medicare Ambulance Fee Schedule. The proposed schedule of rates recommended by the Committee has been reduced to generate \$83,000 less annually. This change has been made because \$83,000 of cost paid to EMS Inc. was shifted during the budget process to the General Fund to more accurately reflect the cost of the oversight services provided to the General Fund vs. the EMS Enterprise fund. <b>See attached text for additional items for this resolution.</b></p>	Opponents	
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against if any:
	Board or Commission Recommendation	BY <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass


### POLICY/PROGRAM IMPACT

APPLICABLE DATES:

Approximately November 1, 2006

FACT SHEET PREPARED BY:

Sherrie Meints  
EMS Business Manager  
Steve Hubka  
Budget Officer

REVIEW BY: 

REFERENCE NUMBER